

NFIRS 5.0 Self Study Program
Appendix A

*Basic Module: NFIRS 1
Scenario 1-2 Answers*

NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="20"/> <input type="text" value="02"/> Station <input type="text" value="002"/> Incident Number <input type="text" value="0005432"/> Exposure <input type="text" value="000"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity NFIRS - 1 Basic			
B Location <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only Street address <input type="text" value="5"/> <input type="text" value="E"/> Cary <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value=""/> <input type="text" value=""/> Intersection <input type="text" value=""/> Number/Milepost Prefix Street or Highway Street Type Suffix In front of <input type="text" value=""/> <input type="text" value="Brunswick"/> <input type="text" value="VA"/> <input type="text" value="23351"/> <input type="text" value=""/> Rear of <input type="text" value=""/> Apt./Suite/Room City State Zip Code Adjacent to <input type="text" value=""/> Directions <input type="text" value=""/> Cross street or directions, as applicable			
C Incident Type <input type="checkbox"/> <input type="text" value="113"/> <input type="checkbox"/> Cooking fire Incident Type		E1 Dates & Times Midnight is 0000 Month Day Year Hour Min <input type="checkbox"/> Alarm <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="12"/> <input type="text" value="53"/> Check boxes if dates are the same as Alarm Date. ALARM always required <input type="checkbox"/> Arrival <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="13"/> <input type="text" value="05"/> ARRIVAL required, unless canceled or did not arrive <input type="checkbox"/> Controlled <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Last Unit Cleared <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="13"/> <input type="text" value="40"/> LAST UNIT CLEARED, required except for wildland fires	
D Aid Given or Received <input type="checkbox"/> 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None Their FDID <input type="text" value=""/> Their State <input type="text" value=""/> Their Incident Number <input type="text" value=""/>		E2 Shifts & Alarms Local Option <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value="A12"/> Shift or platoon Alarms District E3 Special Studies Local Option <input type="text" value=""/> <input type="text" value=""/> Special Study ID# Special Study Value	
F Actions Taken <input type="checkbox"/> <input type="text" value="51"/> <input type="checkbox"/> Ventilate Primary Action Taken (1) <input type="text" value=""/> <input type="text" value=""/> Additional Action Taken (2) <input type="text" value=""/> <input type="text" value=""/> Additional Action Taken (3)		G1 Resources <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <input type="text" value=""/> <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value="8"/> EMS <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value="0"/> Other <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/>			
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value="0"/> Civilian <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value="0"/> H2 Detector Required for confined fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form			
I Mixed Use Property NN <input checked="" type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use <input type="checkbox"/> Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1- or 2- family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code only if you have NOT checked a Property Use box: <input type="text" value=""/> <input type="text" value=""/> Property Use			
Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field			

NFIRS-1 Revision


K1 Person/Entity Involved

Local Option ☐ Business name (if applicable) Area Code Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. ☒ Christy First Name MI Last Name Gordon
 Number 5 Prefix East Cary Street Street Type Suffix
 Post Office Box Apt./Suite/Room City Brunswick
 State VA Zip Code 21315

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2	Owner	<input checked="" type="checkbox"/> Same as person involved? Then check this box and skip the rest of this section.	<div style="border-bottom: 1px solid black; width: 200px;"></div>		<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> - <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> - <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
	Local Option		Business name (if applicable)		Area Code	Phone Number	
<input type="checkbox"/>	Check this box if same address as incident location. Then skip the three duplicate address lines.		<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 200px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 200px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
			Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
			<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 200px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
			Number	Prefix	Street or Highway	Street Type	Suffix
			<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 200px;"></div>		
			Post Office Box	Apt./Suite/Room	City		
			<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	
			State	Zip Code			

[illegible]

M Authorization									
Check box if same as Officer in charge: <input type="checkbox"/>	Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year		
	1 2 3 4 5 6 7 8 9 0 .	<i>Tonya Gordon</i>	Captain		0 1 5	0 1	2 1 0 0 1 2		
	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year		
	1 2 3 4 5 6 7 8 9 0 .	<i>Adam Wallner</i>	FF1		0 1 5	0 1	2 1 0 0 1 2		